

STATE RETIREMENT AGENCY RETIREE'S CHANGE OF ADDRESS FORM

TO: Retirees

SUBJECT: Change of Address

If you have recently changed your address and believe that your new address is not on file with the State Retirement Agency, please provide the information requested below and return this form.

TO: State Retirement Agency
Division of Data Control
ATTENTION: Retired Processing Unit
120 East Baltimore Street
Baltimore, Maryland 21202

FROM: _____
Name of Retiree (Please Print) Retiree SS#

SIGNATURE: _____
Retiree's Signature Date

New HOME
Mailing Address: _____
Address

Street and Apt. Number

City or Town, State and Zip Code

New CHECK
Mailing Address: _____
Misc. Address, if any

Street and Apt. Number, if any

City or Town, State and Zip Code

Home Telephone Number and Area Code: () _____

Note to Retiree:

If you participate under the Direct Deposit or Electronic Funds Transfer (EFT) Programs, this form will NOT change the address of your financial institution to which your monthly benefit payment is deposited. Call the Retirement Agency at 410-625-5555 or toll free at 1-800-492-5909, to request the proper form to change these arrangements.

Note to Retirement Agency:

Forward original to Micrographics Unit